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TEXAS HEALTH IMPROVEMENT NETWORK (THIN) BIENNIAL REPORT

2019-2020

LEGISLATIVE HISTORY

The Texas Health Improvement Network (THIN) was created by the 84th legislature of the State of Texas through [statute](#) and signed into law by Governor Abbott in 2015. The purpose of THIN is to address urgent health care challenges and improve the health

care system in this state and the nation and to develop, based on population health research, health care initiatives, policies, and best practices. THIN is administered by The University of Texas System, through the Office of Health Affairs, Population Health.

ADVISORY COUNCIL

The THIN advisory council is a group of 31 leaders from both traditional and non-traditional sectors impacting health. (Membership list attached.) When the Council was established in 2016 it included members representing the state health agencies, national and state health associations, Texas academic health institutions, and health philanthropy. Acknowledging the essential

roles of non-health sectors in creating the conditions for health, Council membership has expanded to include representation from organizations such as the Texas Department of Housing and Community Affairs, the Texas Association of Regional Councils, and United Ways of Texas.

MAJOR ACCOMPLISHMENTS

2019-2020

1. Held seven THIN advisory council meetings, with agenda topics covering THIN strategies, priorities, and projects; health priorities of the legislature and opportunities to inform the legislative health agenda; national, state and regional health issues and improvement initiatives; and institutional updates. These meetings provided guidance and oversight on THIN project implementation, and led to new and strengthened connections and relationships between advisory council members, their institutions, and others.
2. Developed the following ten [recommended interim charges](#) for the 87th Legislature:
 - Identify strategies to improve health care efficiencies and health outcomes by addressing social, economic and environmental factors that influence health.
 - Develop strategies to facilitate data and information sharing at the state and local levels for population health improvement.
 - Study adequacy of local public health workforce and infrastructure, including the capacity to respond to infectious disease outbreaks.
 - Assess and develop recommendations to address the shortage of primary care services, including through optimizing the use of team-based care, with attention to rural areas of Texas.
 - Assess progress on efforts to increase physical activity and support healthy eating among Texas school children.
 - Oversee and evaluate the implementation of SB 670 and HB 1063, related to telemedicine, telehealth, and remote patient monitoring.
 - Monitor implementation and enforcement of Tobacco 21 (SB21) and identify additional strategies to prevent and address tobacco and nicotine use, including e-cigarettes or vaping, by adolescents.
 - Identify mechanisms to improve early detection and treatment of Hepatitis C and new strategies for early detection and prevention of HIV.
 - Study options to improve access to short-term in-patient care and long-term supportive housing for individuals with serious mental health or substance abuse conditions.
 - Study and develop recommendations to improve access to naloxone for overdose resuscitation and make medication assisted treatment (MAT) of opioid use disorder more accessible to the population in need.
3. Provided leadership and content expertise for two [Healthier Texas Summits](#), held in 2019 and 2020, in partnership with the non-profit IT'S TIME TEXAS. The Healthier Texas Summit brings together Texas' thought leaders and health champions to share best practices, discuss current trends and innovations in population and community health, and make connections that will catalyze their work.

In 2019, the Summit provided 63 sessions with 191 speakers and had 1015 attendees, up from 900 in the prior year. In 2020, due to the COVID-19 pandemic, the summit was held as a free series of virtual sessions over four months, offering 30 sessions with 91 speakers, and reaching over 5,000 attendees. The 2020 summit featured a keynote address by physician, epidemiologist, author, and dean of the Boston University School of Public Health Sandro Galea, MD, MPH, DrPH. Sessions, including the keynote, are available for viewing [here](#).
4. Completed a 15-month project on Healthcare and Social Care Integration in Texas. This project included:
 - Six case studies of Texas organizations on their work and perspectives related to healthcare and social care integration, available for download [here](#).

- A two-day meeting in July 2020 with a keynote and expert panels discussing social care and healthcare integration. Attendees included representatives from Texas state agencies, legislative staff, health plan administrators, providers, researchers, representatives from healthcare associations, and members of the THIN advisory council.
 - A report entitled Addressing Social Needs Through Integrated Healthcare and Social Care in Texas, available for download [here](#). The executive summary and recommendations are attached.
 - Three presentations at professional conferences and one manuscript currently undergoing peer review.
5. Launched a new project investigating the potential for a Rural Community Health System, which was authorized through SBI246 in 1997 but never fully implemented, to support rural healthcare in the current era. This project includes:
 - Interviews with key informants and experts.
 - An in-depth analysis of insurance availability, cost, and coverage in rural Texas.
 - An expert panel meeting and stakeholder roundtable in December 2020 to share findings and preliminary recommendations and solicit feedback.
 - A white paper to be released in March.

Support and Funding

The THIN advisory council has been supported through volunteer and in-kind contributions of its members and their organizations. Advisory council members have helped to secure funding for specific projects. THIN received funding from the Episcopal Health Foundation to support the project

on healthcare and social care integration and the RCHS project. Additional funding for the RCHS project came from the Texas Association of Family Physicians, the Texas Hospital Association, the Texas Medical Association, and the Texas Organization of Rural and Community Hospitals.

MAJOR ACCOMPLISHMENTS EXPECTED 2021-2022

1. Release a white paper on the potential for a Rural Community Health System to benefit rural healthcare in Texas.
2. Complete a project focused on facilitating partnerships between healthcare and charitable food systems.
3. Provide leadership and content expertise for two annual Healthier Texas Summit events.
4. Produce interim charge recommendations, based on multi-institutional and multi-stakeholder input, for the 88th Texas Legislature.

For additional information, please visit <https://www.utsystem.edu/texas-health-improvement-network> or contact Eileen Nehme, THIN Program Director, at enehme@utsystem.edu.

Texas Health Improvement Network Advisory Council

January 2021

OFFICERS

Lewis Foxhall

Presiding Officer
Vice President for Health Policy
UT MD Anderson Cancer Center

David Lakey

Executive Officer
Vice Chancellor for Health Affairs
Chief Medical Officer
The University of Texas System

ADVISORY COUNCIL MEMBERS

Jordana Barton

Senior Community Development Advisor
Methodist Healthcare Ministries

Lynn Crismon

Dean
College of Pharmacy, University of Texas at Austin

Karen Batory

Vice President, Division of Public Health
and Medical Education
Texas Medical Association

Adrianna Cuellar Rojas

President & CEO
United Ways of Texas

Nora Belcher

Executive Director
Texas e-Health Alliance

Katrina Daniel

Chief Health Care Officer
Teacher Retirement System of Texas

Eric Boerwinkle

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UT Health Science Center at Houston, School of
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Vice Chancellor for Strategic Initiatives
The Texas A&M University System
Senior Vice President and Chief Operating Officer
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John W. Hellerstedt

Commissioner
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Ginny Lewis

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Elena Marks

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Episcopal Health Foundation

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President and CEO
Methodist Healthcare Ministries

Stephen Williams

Director
Houston Department of Health and Human Services

FORMER COUNCIL MEMBERS WHO SERVED DURING THE 2019-2020 PERIOD:**Ann Bishop**

Executive Director (Ret.)
Employees Retirement System of Texas

Kirk Calhoun

President
The University of Texas at Tyler

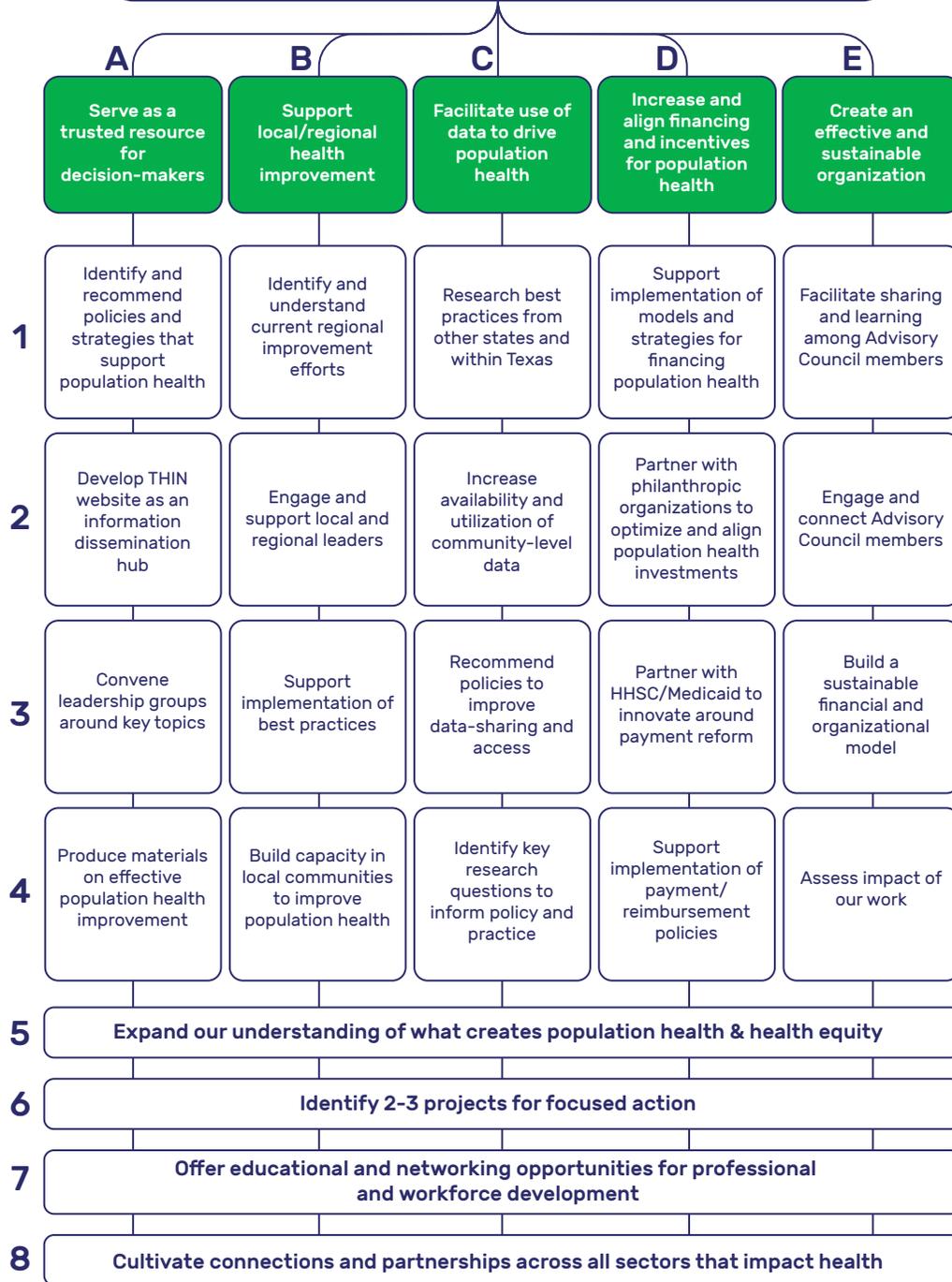
Epi Elizondo

Regional Health Administrator (Ret.)
US Public Health Service Commissioned Corps
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(HHS), Region 6

Dennis Thombs

Dean, School of Public Health
The University of North Texas Health Science Center

Catalyze Population Health Improvement and Health Equity in Texas





Addressing Social Needs Through Integrated Healthcare and Social Care in Texas:

Case Studies, Key Issues, and Recommendations to Advance Practice

September 2020

To improve the health and well-being of their patients, healthcare innovators are working to systematically screen patients for social, economic, or other non-healthcare needs and link them with appropriate services provided internally or through community partner organizations. Seeking to support this movement, the Texas Health Improvement Network (THIN) launched a project in June 2019 to explore the current practice of healthcare and social care integration in Texas, identify key issues impacting adoption and sustainability, and develop recommendations to advance this work in Texas.

This final project report provides:

- [Background information on healthcare and social care integration](#)
- [Case studies from six Texas organizations](#)
- [Key themes from case studies and expert panel meeting](#)
- [Recommendations to accelerate adoption and create sustainability](#)

Executive Summary

The Texas Health Improvement Network (THIN) conducted a 15-month project to explore the current practice of healthcare and social care integration in Texas, identify key issues impacting adoption and sustainability, and develop recommendations to advance this work in Texas. Six Texas case studies were conducted, providing a qualitative snapshot of healthcare and social care integration activities in Texas. A two-day meeting of experts and leaders from within and outside Texas was convened for a deep dive into the subject of healthcare and social care integration. Panels discussed implementation practice, outcomes, and paths to sustainability.

Through this project, the following key themes and recommendations to increase adoption and sustainability were identified:

1. To advance this work, recognize and leverage the non-health benefits of addressing patients' social needs.

Social determinants of health are also determinants of other valued social goods including child welfare, education, and public safety. Quantifying non-health benefits and securing financial commitments from other sectors will be necessary to expand, scale and sustain healthcare and social care integration.

2. Addressing patients' social needs requires a fully engaged and robust social service sector.

The expertise needed to address patients' social needs lies outside the traditional healthcare fields. The task of integrating care across multiple clinical and social service agencies requires a robust social service sector with a strong inter-organizational infrastructure.

3. Safety net providers are motivated by mission to address patients' social needs.

Since their inception and motivated by mission, community health centers have worked to adjust care in consideration of their patients' social circumstances, and have sought to connect patients with needed social services.

4. Healthcare and social care integration is taking place in many forms across Texas.

Throughout the state, interest in establishing multi-institutional partnerships organized around a shared screening tool and referral platforms was evident, and many communities were in early stages of implementation. Several focused approaches to addressing patients' social needs are also in practice, including:

- Healthcare and charitable food system partnerships
- Home remediation to address asthma triggers
- Medical-legal partnerships (MLP)

5. Addressing social needs is labor- and relationship-intensive.

Screening, counseling, and connecting patients to appropriate community partners takes time. Many with social needs also have behavioral health issues, making navigation more challenging.

6. Technology is a critical catalyst.

Technologies such as EHR-integrated screening tools and community resource referral platforms are central to this work, particularly for multi-organizational partnerships.

7. Payors are interested in finding ways to address health-impacting social needs that generate a short-term return on investment.

Many payors are experimenting with ways to address or cover costs related to patients' social needs, but need to achieve cost savings in a relatively short time frame to justify the investment.

8. Focused, practice-based research will help accelerate this work.

The connection between social needs and health outcomes is well-established, and research on effective and cost-effective implementation strategies and practices will help translate this knowledge into action.

Recommendations

1. Recognize and leverage the non-health benefits of addressing patients' social needs, and facilitate alignment of public investments to achieve common goals.

To take this work to scale in Texas and achieve health outcomes with long time horizons, multi-sector public investments are necessary. Such investments must generate benefits to all involved entities. Texas should study models currently being tested to provide the needed framework for mutually-beneficial partnerships. Invest in identifying initiatives that will not only have health outcomes but also impact non-health outcomes that will save public dollars.

2. Honor, engage, and invest in the infrastructure of the social service/nonprofit sectors.

Seek to understand the language, goals, evidence, tools, methods, and resources of the fields and entities with expertise to address social needs. Investigate the current resources, capacity and infrastructure needs of the nonprofit sector in Texas.

3. Coordinate and align work of MCOs and healthcare clinics/systems.

As healthcare systems in Texas are experimenting with how to best address their patients' social needs, so too are Texas's Medicaid MCOs. Coordination and collaboration between plans and providers will help further this work and avoid duplication of efforts.

4. Build on focused initiatives with the most traction and potential for short term outcomes.

Initiatives with a specific scope of needs addressed or services provided, existing champions, potential

for outcomes in less than two years, and an emerging evidence base to support their effectiveness are good entry points for clinics and communities interested in addressing health-impacting social needs. These approaches can serve as the foundation and framework for learning and expanding the work of healthcare and social care integration in Texas. Three salient examples are MLP, home remediation for asthma triggers, and initiatives addressing food insecurity.

5. Contribute to the evidence base by studying early adopters.

Help close research gaps related to implementation and effectiveness by studying early adopters across Texas. Questions related to cost-effectiveness are especially critical given the importance on return on investment to funding through existing healthcare dollars.

6. Encourage private philanthropy to fund start-up partnerships and evidence-generating projects to inform practice and investments.

Philanthropic funds can catalyze this work by 1) enabling communities to fund initial costs related to building multi-sector networks, and 2) helping generate evidence related to implementation, effectiveness and cost-effectiveness of various integration approaches.